

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION	INTERSTATE MILK SHIPPER CHECK RATING REPORT
TO:	NAME AND ADDRESS OF SHIPPER

The *Procedures Governing the Cooperative State - PHS Program for Certification of Interstate Milk Shippers* specifies that the PHS/FDA shall conduct check ratings of the sanitation compliance status for listed interstate milk shippers to assure the validity of published ratings. A check rating of the shipper has disclosed the information below.

TOTAL NUMBER		LISTED RATING	CHECK RATING		LISTED RATING	CHECK RATING
	DATE			TYPE OF PRODUCER RATING	<input type="checkbox"/> AREA <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> AREA <input type="checkbox"/> INDIVIDUAL
	PRODUCERS			PRODUCERS		
	RECEIVING STATION			RECEIVING STATION		
	TRANSFER STATION			TRANSFER STATION		
	PLANT			PLANT		
NO. INSPECTED				ENFORCEMENT RATING		
	PRODUCERS					
	RECEIVING STATION				APPENDIX N IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TRANSFER STATION					
	PLANT					

PRODUCERS - NUMBER VIOLATING																				NUMBER OF DEBITS - ITEMS OF SANITATION													
1	1 SCC	2A	2B	2C	2D	2E	3	4	5A	5B	5C	5D	5E	6	7	8-2	8-5	9	10	11	12	13	14	15A-C	15D,E	16	17	18	19AB	19CD	19EF	19GH	BACT/ DRUG

TRANSFER STATION, RECEIVING STATION, PROCESSING PLANT - NUMBER VIOLATING (Including Partial Debits)																																
1	2	3	4A	4B	5	6	7	8	9	10	11	12AB	12CDEF	13	14	15A	15B	16ABC1	16ABC2	16BC3	16D	16E	17	18/19	20	21	21	22	BACT	COLI		

CONDENSED AND DRY MILK PLANTS - NUMBER VIOLATING (Including Partial Debits)																																
1	2	3	4A	4B	5	6	7	8	9	10	11	12AB	12CDEF	13	14	15A	15B	16A(1)	16A(2)	16B	16C	17	18	19	20ABC	20D	21	22	BACT	COLI		

1. A **receiving station** shall comply with items 1-15, inclusive, and 17, 20, and 22. Separation requirements of item 5 do not apply.
2. A **transfer station** shall comply with items 1, 4, 6-15, inclusive, 20, 22 and as climatic and operating conditions require applicable provisions of items 2 and 3. In every case, overhead protection shall be required.

The results of this check rating by the PHS/FDA indicate that the following action is necessary to comply with the Conference Agreements. **Failure to submit a new rating or reinspection data to the Regional Office within five (5) working days of due date will result in automatic delisting.**

☐ No action necessary

☐ Reinspection by (date) _____

☐ New rating by (date) _____

☐ Immediate withdrawal

RECEIVED BY (Signature of State Official)	TITLE OF STATE OFFICIAL	DATE
FDA MILK SPECIALIST		